

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021152

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 605-0 Registrar's No. 34

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUN 12 1963

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Portage twsp. Sherwood Harbor		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sherwood Harbor		d. STREET ADDRESS (If outside, give location) 2705 Arlington	

3. NAME OF DECEASED (Type or print) James Edward BURKHARDT		4. DATE OF DEATH Month June Day 8 Year 1963	
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-15-32
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Crystal	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
13a. FATHER'S NAME John Burkhardt		13b. MOTHER'S MAIDEN NAME Mary Eade	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mary Burkhardt, 2705 Arlington		14. NAME OF HUSBAND OR WIFE Single	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) drowning DUE TO (b) falling into water out of boat DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH min.
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Victim apparently fell out of boat into water, could not swim and went under	
20c. TIME OF INJURY 3:30 p.m.	Month, Day, Year 6/8/63	20f. CITY, TOWN, OR LOCATION Mississippi River Portage twsp. St. Charles, Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mississippi River	
21. I attended the deceased from held view to 6/8/63 and last saw her/him alive on 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22. SIGNATURE (Degree or title) Frank R. [Signature] Coroner		22b. ADDRESS 12 Cunningham Ct. St. Charles, Mo.		22c. DATE SIGNED 6/9/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-12-63	23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	

24. FUNERAL DIRECTOR Arthur J. Kennelly	ADDRESS 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. 6-10-63	26. REGISTRAR'S SIGNATURE Mabel L. Zurnwalt
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0920
2 2069
3
4 0
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8 2
9 850X
10 42
11 092
12 291-3
13 5-0

Burkhardt

JUN 1 8 1963

JUL 2 1963

OCT 2 8 1963

AUG 2 8 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *James Williamson*

Licensed Embalmer No. *3565*

P. O. Address *3840 Lindell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.